

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 563738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	0					
4	2					
5	2					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	1					
14	1					
15	1					
16	0					
17	0					
18	0					
19	0					
20	1					
21	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						